

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
POLICE AND FIREMEN'S RETIREMENT SYSTEM
CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of Member _____
2. Membership No. _____ 3. Social Security No. _____
- 4a. Employing Agency _____ 4b. Employer Location Number _____
5. Date service terminated ____/____/____ *Applicant will not render any service to, or earn salary from this agency after date service terminated.*
6. a) **Is the member currently on suspension?** ☐ NO ☐ YES *If yes, give date of suspension* _____
 Is suspension ☐ PAID or ☐ UNPAID
- b) **Is the applicant facing disciplinary action or indictment?** ☐ NO ☐ YES *If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.*
7. List unpaid leaves of one month or more, without pay, within the last 12 working months.

REASON FOR ABSENCE	DATE OF ABSENCE (FROM - TO)	REASON FOR ABSENCE	DATES OF ABSENCE (FROM - TO)
	TO		TO
	TO		TO

8. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (*line 5 above*); please list number of months at the particular salary range and show a total of 12 months.

TOTAL

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ _____

9. Has the member received a substantial salary increase in the last 3 years? ☐ No ☐ Yes *If yes, please provide a detailed explanation with documentation.*
10. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE
\$		TO	\$	\$
\$		TO	\$	\$
\$		TO	\$	\$

11. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 11.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER		PENSION CONTRIBUTION		LOAN REPAYMENT		BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS	
							NO. PAYMENTS	AMOUNT			
	\$		\$		\$			\$	\$	\$	
	\$		\$		\$			\$	\$	\$	
	\$		\$		\$			\$	\$	\$	

Completed by: _____ Phone Number _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

Signature of Certifying Officer _____ Date _____

INSTRUCTIONS

This form must be completed by the employer when a member files an application for retirement benefits. Failure to provide this information will delay processing the member's retirement application.

ITEMS REQUIRING SPECIAL ATTENTION

- ITEM 6:** If the member was dismissed under suspension or formal indictment, place an (X) in the appropriate YES block. You must also indicate with an (X) if the suspension is paid or unpaid. If the YES box is indicated in 6b, copies of the preliminary and final notices of disciplinary action or their equivalents, or a copy of the indictment must be attached. This information is required before processing the retirement application.
- ITEM 8:** Indicate the following: (1) number of months, (2) amount of monthly base salary, (3) the beginning and ending dates of that salary, and (4) the total base salary for the period. A total of 12 months (10 months for those applicable) of salary must be indicated.
- ITEM 9:** If the member had a substantial salary increase within the last 3 years of membership, attach a detailed explanation of why this increase was granted, with documentation. This information is required before processing the retirement application.
- ITEM 10:** Indicate any retroactive salary increases within the last 3 years. Include: (1) amount of payment, (2) the date of payment, (3) the beginning and ending dates for each increase, (4) the pension deduction, and (5) the new annual base salary.
- ITEM 11:** Indicate the actual or projected base salary subject to pension contributions for the last two quarters preceding the termination date. It is important to indicate all deductions withheld (pension, loan, back deductions and arrears payments). Failure to do so could result in incorrect benefits being paid. The base salary should reflect the number of months worked in that quarter.

State employers must attach a screen print of the member's TREADHOC biweekly certification with salaries projected until termination date in lieu of completing Item 11.

WORKERS' COMPENSATION

An application for retirement will be accepted while the member is receiving periodic benefits under the Workers' Compensation law. Pension contributions must continue, if required, up to the effective date of retirement. Please attach an official statement of the Workers' Compensation award showing the amount of periodic benefits, with the beginning and ending dates of the benefits awarded. If the member is retiring under an **Accidental** Disability Retirement, the unpaid balance of the award on the date of retirement will be used to reduce the member's retirement allowance on a dollar-for-dollar basis.

**SUBMIT THIS CERTIFICATION TO: RETIREMENT BUREAU
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON NJ 08625-0295**